STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
GEORGE DEUKMEJIAN, Governor
DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

August 11, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86- 42

SUBJECT: QUESTIONS AND ANSWERS REGARDING AUTHORIZED REPRESENTATIVES FOR DISABILITY APPLICANTS AND NEW CONFIDENTIALITY STANDARDS FOR MEDICAL RECORDS

The purpose of this letter is to inform counties of new Civil Code standards for confidentiality of medical records, and to provide county staff with answers to frequently asked questions regarding Authorized Representatives (AR) for disability applicants. Policy regarding AR responsibilities not involving disability issues were previously addressed in ACWD Letter 86-37.

New Confidentiality Standards for Medical Records

As stated in the recent disability training, confidentiality requirements for medical records needed by DED are protected under three separate legal requirements:

1. The Welfare and Institutions Code which protects these records as part of the Medi-Cal case file in the same manner as any other applicant/beneficiary information.

2. The federal Privacy Act concerning confidentiality of medical records and protection of personal information requested by government agencies.

3. The California Civil Code protecting the confidentiality of the doctor/patient relationship and the circumstances under which such medical information may be released.

A new state statute (effective May, 1986) has increased the penalties for releasing medical information without an adequate release. Prior to May, 1986 a provider accused of improperly releasing medical information was subject to two penalties. First, a civil suit could be filed for damages (including mental anguish) resulting from the information released. Awards in such suits can be substantial. Second, a complaint alleging violation of professional ethics could be made to the agency supervising the licensing and conduct of the provider's peer group. Actions by that group can range from a formal reprimand for unprofessional conduct up to revocation of the provider's license. However, a third penalty has now been imposed providing that

improper release of medical information now constitutes a criminal offense. As a result, providers are now subject to criminal prosecution in addition to prior penalties. It should also be noted that DED is also subject to criminal liability if DED staff releases medical information improperly.

It is anticipated that providers will be particularly careful about releasing medical information. DED will continue to accept MC 220s completed in accordance with MEPMS 4A, however, providers may not cooperate in releasing the necessary records if the release is not up to the provider's standards. In such cases, DED will request a new release which complies with the provider's standards and attempt to obtain the release directly from the applicant. However, in cases where DED cannot obtain the release, the EW will be contacted and requested to provide assistance.

Questions and Answers - Authorized Representatives For Disabled MN Applicants

A number of questions have arisen regarding the status of a Medi-Cal Authorized Representative (AR) when dealing with the disability evaluation process. The more frequently asked questions, along with our responses, are listed below.

1. Question: Is the person designated as AR for the Medi-Cal application process authorized to represent the potential beneficiary with DED?

   Response: No. The AR for the Medi-Cal application may represent the applicant or be informed of all information covered under the confidentiality standards of the Welfare and Institutions Code regarding welfare records. However, DED and the treating physicians are also required to follow the confidentiality standards set forth in the federal Privacy Act and state Civil Code. Authorization for DED to contact the AR for further information or respond to questions from the AR must be established by a special release specifically authorizing DED to discuss the individual's medical records or information with the AR. In the absence of such a release, any information given by DED to the AR is in violation of state law and constitutes a misdemeanor. A standard AR form has not been developed to authorize release of such information, however, a signed statement to that effect from the potential beneficiary is adequate providing it is dated, the AR is named and the signature is made by the person alleging disability, his/her guardian or conservator, or (in the case of a minor child) [illegible]

2. Question: Can a family member act for the potential beneficiary with DED if the potential beneficiary is an adult?

   Response: No. if the person alleging disability is a mentally competent adult, DED cannot discuss the individual's medical condition with a family member without a written, signed release as described in Response 1. If the person for whom disability is alleged is not competent, DED may engage in limited discussion (restricted to obtaining additional information) with a member of the immediate family.

3. Question: Can an AR or person applying on behalf of another competent adult individual for whom disability is alleged sign an MC 220 if the individual is:

   a. physically capable of signing?

   b. physically incapable of signing?

   Response: a. No. If the individual is a competent adult capable of signing his/her own medical releases, no other person, including a spouse, may legally release that individual's medical records.

   b. Yes. If the individual is incapable of signing the release, the AR or person applying on the individual's behalf should sign the MC 220, indicate the reason the individual is incapable of signing and clearly show the relationship of the AR or applicant to the individual.

   PLEASE NOTE: Most providers will accept such releases and provide the requested information to DED. However, the provider is under no obligation to do so and may reject the request. The signature of the person alleging disability should be obtained if at all possible to avoid such rejections.

4. Question: Can an AR or person applying on behalf of an incompetent individual for whom disability is alleged sign the MC 220 if the AR or applicant is:

   a. the legal guardian or conservator?

   b. friend or family member?

   Response: a. Yes. A legal guardian or conservator has the legal authority to sign releases.

b. Yes. A friend or family member may sign providing the relationship to the individual is stated an an explanation given as described in Response 3b. However, it is up to the individual's providers to decide if the release is acceptable. For that reason, the signature of a spouse or family member is preferable to that of a friend.

MEPM Section 4A has been revised (copy attached) to clarify MC 220 requirements and will be released shortly under separate cover.

If you have any further questions, please contact Toni Bailey at (916) 324-4953.

Sincerely,

Original signed by

Sandra Duveneck for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: September 1, 1986

4A -- COUNTY PROCEDURES
DISABILITY DETERMINATION REFERRALS

Medi-Cal eligibility for federally disabled persons and Substantial Gainful Activity (SGA) Disabled persons is determined concurrently by: (1) county welfare departments (CWDs) and (2) the State Programs Bureau of the Disability Evaluation Division (DED) in the State Department of Social Services. The CWD is responsible for the nonmedical part of the eligibility determination; DED is responsible for the collection of medical data and the disability determination. (Reference: California Administrative Code (CAC), Title 22, Section 50167 (a) (1) (E)).

DED does not do incapacity determinations or pregnancy verifications nor do they verify Social Security numbers.

Disability should be determined or verified in accordance with these procedures at each application regardless of previous disability determinations for any case.

I. FEDERAL DISABLED PERSONS -- BACKGROUND

Title 22, Section 50223, defines a person 18 years of age or over as federally disabled if that person meets the disability criteria of Title II/Title XVI of the Social Security Act. (Disability status established through State Disability Insurance (SDI), Veterans' Benefits, Workers' Compensation Fund, etc., does not establish disability for Medi-Cal.) State law requires that Medi-Cal clients 21 through 64 years of age who meet this definition must have their eligibility evaluated under the Aged, Blind and Disabled-Medically Needy (ABD-MN) Program. This is due to the fact that the Medi-Cal costs of MN eligibles are approximately 50 percent federally funded, and the ABD-MN Program is more advantageous to the applicant/beneficiary due to the greater income deductions.

In addition to the required disability determination for adults who are potentially disabled, a determination is done on other Medi-Cal applicants or beneficiaries who are eligible under another program (Aid to Families with Dependent Children-MN (AFDC-MN) Program, Medically Indigent Child Program, etc.) and who allege disability and choose to apply or be redetermined as disabled MN. A child who is determined to be disabled may have a lower share of cost than an AFDC-MN child due to the greater income deductions available to both the child and his/her parents. In most cases, disability determinations occur only after Medi-Cal Only clients (applicants or beneficiaries) have identified themselves as potentially disabled through their statements on the MC 210 form or the MC 176S form. A Medi-Cal applicant/beneficiary may also identify himself/herself as potentially disabled through other written or oral statements.

There are methods other than the disability referral process to confirm a client's alleged disability. The disability referral process is used only if (1) the applicant's alleged disability cannot be confirmed by any of the other methods described in the Medi-Cal Eligibility Manual, Section 50167 (a) (1), (A) through (C), or (2) the applicant is a former Supplemental Security Income (SSI) recipient discontinued for reasons other than cessation of disability and who does not currently receive Title II benefits (see Procedure 4B).

Use of Railroad Retirement Board disability benefit award letters to establish disability for Medi-Cal is acceptable under certain circumstances provided the procedures specified in Section 4F are followed.

NOTE: Please note that a blindness evaluation for former SSI/State Supplementary Payment (SSI/SSP) recipients for a determination under the Pickle Amendment to the Social Security Act may be necessary even if the applicant/beneficiary has reached age 65 or has already been determined to be disabled. This is because blind individuals are entitled to a higher SSI/SSP payment level than disabled or aged persons. The worker must indicate "Pickle Person" on the MC 221 under Comments or DED may reject the referral as unnecessary.

II. DISABILITY REFERRALS

A. General

Referrals are initiated by sending a disability evaluation packet to the state DED. The packet contains completed and partly completed forms filled out by the client or the eligibility worker (EW). DED uses these forms and other information to make an evaluation. DED sends the MC 221 with results of the evaluation to the CWD. For those applicants found not disabled, DED will send a notice that must be either attached to or incorporated with the county's Notice of Action which will explain the basis for the determination. A copy of this notice must be retained in the case file.

B. Potentially Disabled Persons

Potential disability is indicated by any of the following:

1. The applicant/beneficiary has checked "yes" on Question 9b, page 2, of the MC 210, Statement of Facts, for Medi-Cal.

2. The applicant/beneficiary states on the MC 176S status report that he/she is now disabled.

3. The applicant/beneficiary makes a written or oral statement to the CWD which alleges disability.

NOTE: County EWs should not hesitate to tactfully discuss a disability referral with an applicant/beneficiary who does not specifically meet the criteria for referral listed above, but who could be disabled (e.g., client confined to a wheelchair; client has difficulty walking, standing, sitting; client seems disoriented to time, place, person; client exhibits extreme emotional distress; etc.). However, any individual who does not wish to have disability evaluated has the right to refuse. The worker should explain the program benefits and advantages but may not attempt to force the applicant to complete a disability evaluation request.

The county is required to submit the disability evaluation packet to DED no later than ten days after the MC 210 form or other applicant/beneficiary's statement of disability is received by the county. If medical records are readily available, they may be submitted with the packet. However, in no case should submission of the packet be delayed to obtain those records.

If other methods of verification of disability are not available, initiate a DED referral on any applicant or beneficiary who is potentially disabled except for:

1. Persons who, within the last 90 days, have had an MN determination by DED of not disabled or no longer disabled. However, despite the prior denial, DED referrals must be made if:

   a. The applicant alleges his/her condition has deteriorated.

   b. The applicant alleges new medical evidence not previously presented.

   c. The applicant alleges a new physical and/or mental condition not previously considered.

   d. The applicant was denied MN disability status for failure to cooperate with DED and good cause is established.

2. Persons who, within the last 90 days, have had an MN determination by DED of not disabled based on a federal Title II or Title XVI denial of disability status. However, despite the DED adoption of a federal determination of not disabled, DED referrals must be made if:

a. The applicant alleges his/her condition has deteriorated since the Social Security Administration (SSA) decision.

b. The applicant alleges new medical evidence not presented to SSA.

c. The applicant alleges a new physical and/or mental condition not considered by SSA.

d. The applicant alleges physical and/or mental conditions not reported to SSA.

3. Applicants determined disabled under the MN program within the last six months unless:

a. The reexamination date has passed, or

b. The applicant indicates his/her condition has improved.

4. Persons already classified as aged or disabled under Title II criteria unless a Pickle blindness evaluation is required.

Referrals submitted to DED in accordance with 1 through 3 above must include a copy of the prior MC 221 or the date of that determination and the reason for the new referral. Blindness evaluations for Pickle cases must be clearly labeled or DED will reject the referral as unnecessary.

Content of Disability Evaluation Referral Packet:

1. MC 221, Disability Determination and Transmittal.

2. MC 223 (9/85), Applicant's Supplemental Statement of Facts for Medi-Cal.

3. MC 220, Authorization for Release of Medical Information, as appropriate.

4. MC 220A, Authorization for Release of Medical Information -- AIDS, as appropriate.

5. Copy of the CA 1 (as required).

C. Persons With Title II or Title XVI Disability Evaluation Pending

If a client states that he/she has a Title II or Title XVI disability (including blindness) determination pending, submit a complete package to DED indicating Title II/Title XVI pending status.

D. Disability Onset Date for Three Months Retroactive Medi-Cal Coverage of Title XVI Recipients

To request disability onset dates for Title XVI disabled or blind recipients who request three-month retroactive Medi-Cal coverage:

1. Contact the local SSA to determine onset date. If the onset date provided by SSA is after the month(s) of request for retroactive coverage, a referral to DED will be necessary.

2. Send the referral to the appropriate DED office with the "Retro Onset" box on the MC 221 checked (see addresses in Part F). A county contact and phone number must be designated on the form.

E. Medical Reexaminations for Disabled-MN Persons

1. If a reexamination date has been established by SSA for a Title II recipient, the county must reverify disability with SSA within 60 to 90 days following the reexamination date. SSA reexamination results are not to be verified by submission of a packet to DED.

2. For each Medi-Cal Only beneficiary with a medical reexamination date indicated by DED on the MC 221 form:

   a. The county must submit, in the reexamination month, a copy of the previous MC 221 form and a newly completed disability determination packet (MC 220s, MC 221, and MC 223). If the previous MC 221 is not available, the new MC 221 should note that this is a reexamination and the date of the original disability allowance. DO NOT USE THE PHRASE REDETERMINATION ON THE MC 221. That phrase has a different meaning for DED and an incorrect standard could be applied.

   b. Do not discontinue the beneficiary pending the reexamination. The case may be discontinued if other reasons for ineligibility exist.

   c. The county must initiate the appropriate changes upon receipt of the disability determination.

3. Any beneficiary who was determined to be disabled and whose condition appears to have changed must be referred for a medical reexamination regardless of whether a reexamination date was established by DED (see IV below).

III. SGA DISABLED PERSONS

CAC, Title 22, Section 50223, defines an SGA Disabled person as a person who was an SSI/SSP disabled recipient, became ineligible for SSI/SSP because of SGA (employment), and still has the medical impairment which was the basis of the SSI/SSP disability determination.

A beneficiary's SGA Disabled status will continue even if he/she stops working, as long as the person continues to suffer from the same medical impairment. If the beneficiary's unemployed status continues long enough, he/she may then be eligible for the Medi-Cal federally disabled program or for Title XVI.

The SGA Disabled program does not apply to blind individuals since persons are federally blind strictly on the basis of visual acuity regardless of whether the individual is, or may be, employed.

Following are county procedures for processing disability determination referrals for SGA Disabled applications.

A. Referral Process

If an applicant indicates on the Statement of Facts for Medi-Cal, MC 210 form, that he/she has been discontinued from SSI/SSP disability but that he/she is still disabled and is working, determine whether the person went to work before SSI/SSP discontinuance.

1. If he/she did not go to work, there is no SGA Disabled eligibility. Process the case using the normal disability evaluation referral procedures.

2. If he/she did go to work, check the SDX listing for the month after the last month of SSI/SSP based Medi-Cal eligibility.

3. If the SDX shows the person was discontinued because of SGA (payment status code N07), submit an SGA Disability determination packet to DED as described in 5 below.

4. If the person's SDX record shows discontinuance for reasons other than SGA or if no SDX record exists, submit an SGA disability determination packet as described in 5 below. Indicate that the referral is for both a disability evaluation and an SGA Disabled evaluation.

5. An SGA disability determination packet contains:

   a. MC 221 -- Indicate on the MC 221 form that the referral is an SGA Disabled applicant and the date of SSI/SSP discontinuance.

   b. MC 223 -- Indicate on the MC 223 form what physical or emotional problem the applicant had when his/her SSI/SSP claim was approved.

   c. MC 220 -- As appropriate.

   d. MC 220A -- As appropriate.

   e. A copy of the CA 1 (as required).

6. Send the completed disability determination packet to DED no later than ten days after the completed MC 210 form has been received by the county.

B. Disability Onset Date for Three-Month Retroactive Medi-Cal Coverage for SGA Disabled

The county shall verify three-month retroactive Medi-Cal coverage for SGA Disabled applicants or recipients who request retroactive eligibility by checking the disability onset date on the MC 211 form and indicate the months of requested coverage.

C. Medical Reexamination for SGA Disabled Persons

For each beneficiary with a medical reexamination date indicated on his/her MC 221 form:

The county shall submit, in the reexamination month, a copy of the most recent MC 221 form and a newly completed disability evaluation packet (MC 220, MC 221, and MC 223). If the most recent MC 221 is not available, the new MC 221 should note that this is a reexamination and contain the date of the original SGA disability determination.

D. SGA Disabled Beneficiary Whose Employment Terminates

1. Advise an SGA Disabled beneficiary that has not applied for Title XVI to reapply for benefits at SSA since Title XVI disabled eligibility may be reestablished due to unemployed status.

2. Submit a complete disability determination packet (MC 221, MC 223, MC 220, and/or MC 220A) to DED to verify the beneficiary's SSI/SSP application and continued disability status. Provide a statement on the MC 221 form informing DED of the SSI/SSP application status for the SGA Disabled beneficiary.

IV. REEVALUATION OF DISABILITY DUE TO POSSIBLE CHANGE IN CONDITIONS

A person's disability must be reevaluated when there is a possibility that the person's condition has improved even if the DED evaluation shows no reexamination date. The county must indicate the reason for the referral on the MC 221. A full disability evaluation referral packet is required. The following are examples of situations in which a new DED referral should be made:

A. It appears to the EW that a beneficiary's condition has improved or the beneficiary reports such an improvement.

B. A disabled beneficiary becomes employed (either paid, unpaid, or volunteer work).

C. A disabled beneficiary goes off Medi-Cal for any reason other than cessation of disability for six or more months.

D. A beneficiary determined to be disabled by DED is subsequently denied SSI or RSDI due to lack of disability.

E. Disabled applicants under age 65 not receiving Title II disability are discontinued from SSI/SSP for reasons other than cessation of disability even if there is no SSA reexamination date (see Procedure 4B, DED Referrals for Disabled Former SSI/SSP Recipients).

In these cases the procedure set forth in II.E.1 above must be followed. The beneficiary continues to receive Medi-Cal pending the reevaluation provided he/she cooperates with DED and continues to meet all other eligibility criteria.

V. DISABILITY EVALUATION FORMS

A. MC 220 -- Authorization for Release of Medical Information

A signed MC 220 is required for each relevant treatment source or agency (items 8, 8A, and 9 of the MC 223). Only one treatment source may be designated per signed release. A relevant treatment source is one who has treated or seen the applicant for a significant medical problem(s).

The MC 220 is printed in Spanish on the reverse side. However, the English side must be completed in all cases. Editions dated prior to 10-78 are not acceptable due to changes in state law. Improperly completed MC 220s will be returned because treatment sources will refuse to release records without a properly completed, unaltered medical release. Confidentiality of medical records is required by the federal Privacy Act and state Civil Code, as well as Medi-Cal confidentiality. A medical provider who releases confidential information without a release from the patient is subject to civil suit for breach of the doctor/patient relationship, censure from the provider's peer organization (up to and including loss of his/her license to practice medicine) for violation of professional ethics, and criminal prosecution.

Please note the following prior to submitting an MC 220:

1. No alterations, whiteouts, or other changes may be made to the MC 220. Any MC 220 showing such changes will be rejected by DED.

2. The "I hereby authorize" line must be completed with the name of the applicant's doctor, hospital, or clinic where he/she has been treated or seen and not DED or the CWD. STATE LAW PROHIBITS AN APPLICANT FROM SIGNING A BLANK FORM.

3. Authorization is good for only 90 days from the date the MC 220 is signed. Forms signed and dated more than 90 days prior to the date DED receives them are not acceptable and will be returned.

4. The applicant's own signature is required unless he/she is under age 18 or incapable of signing. Under Civil Code standards, mentally competent adult persons must sign to release their own medical records. No other individual including a spouse has the legal authority. However, if the patient is physically or mentally incapable of signing the release and the release is completed by another individual in accordance with the instructions in 4.a through d below, most providers will accept the release and provide the requested information. A signed Authorized Representative (AR) form granting another person to act on the behalf of the potential beneficiary during the Medi-Cal application process does not permit the AR to sign releases or discuss the potential beneficiary's case with DED. DED will not contact or answer questions for

such ARs regarding the potential beneficiary's case. However, the potential beneficiary may sign an AR form which grants the AR permission to release and discuss his/her medical records, in which case the AR may sign medical releases and/or discuss the case with DED.

a. If the applicant has a public guardian or conservator, the release must include:

(1) The signature of the public guardian or conservator.

(2) The relationship to the applicant (i.e., legal guardian, conservator, etc.).

b. If the applicant is mentally or physically incapable of signing the form and does not have a guardian or conservator, the form must include:

(1) The signature of the person acting on the applicant's behalf.

(2) The relationship to the applicant, i.e., mother, brother, sister, friend, etc.

(3) The reason the applicant cannot complete and sign the form.

c. If the applicant can only sign with an "X" or other unrecognizable format (i.e., non-English characters), the form must include:

(1) The signature or mark of the applicant.

(2) The signature of a witness. NOTE: Witness signatures with an "X" or other unrecognizable format are not acceptable as the treating source will be unable to read or verify the signature.

(3) The relationship of the witness to the applicant.

d. If the applicant is under age 18, the form must include:

(1) The signature of a parent or guardian unless the minor is emancipated. If the minor is emancipated, the release must clearly show that fact.

(2) The relationship to the applicant.

B. MC 220A -- Authorization for Release of Medical Information -- AIDS

State law forbids the release of any medical records for AIDS patients without a release signed by the patient which specifically authorizes the release of AIDS testing and treatment records. Therefore, one signed MC 220A is required for each treatment source for an individual alleging AIDS. The MC 220A must be properly completed in accordance with the instructions in A above. If an AR form is completed granting the AR the right to release or discuss medical records, the release must include AIDS testing and treatment information as releasable information.

C. MC 221 -- Disability Determination and Transmittal

This form serves as the transmittal and determination document between the CWD and DED. It is also used to notify DED of changes in the applicant/beneficiary status such as a change in address, withdrawal of application, discontinuance, etc. This information should be included in the "CWD Representative Comments" section.

1. Social Security Number -- Indicate the applicant's Social Security number or "Pending" if his/her application for a Social Security number is pending. MC 221s submitted without a Social Security number or explanation will be returned to the county.

2. Date Applied -- This should reflect the most recent CA 1 received by the CWD or the date the applicant made the oral or written statement that he/she is disabled.

3. CWD Representative Comments -- Enter observations about the applicant's physical appearance or mental status (e.g., loss of limb, disoriented). This space can also be used for other noteworthy remarks about the applicant (e.g., AKA, sponsor's Social Security number, request for expeditious handling, dates of prior MN or SSI/OASDI applications, or contact with rehabilitation or other social service agencies, etc.).

   If the applicant is receiving or has applied for disability under another Social Security number, please indicate the Social Security number in the CWD Representative Comments section.

4. Type of Referral -- Note the type of referral.

5. SGA — Note if SGA Disabled referral. If yes, give the date of the SSI/SSP discontinuance.

6. Hospitalization -- Check as appropriate.

7. Sign and date the form and enter telephone number of the CWD representative.

8. DED may complete the disability portion of the MC 221 or may show the disability evaluation results on an attachment.

   a. Medical Determinations by DED

      (1) "Is disabled" or "is blind" checked indicates that, based on the DED medical/vocational development, the applicant is disabled under MN criteria. The onset date provided will take into consideration any request for up to three months retroactive coverage prior to the date of application.

      (2) "Is not disabled" or "is not blind" checked indicates that, based on the DED medical/vocational development, the applicant does not meet MN disability criteria.

      In this situation, the applicant/beneficiary is to be denied or discontinued if disability is the only basis of eligibility. Eligibility under any other program must be determined prior to discontinuance.

   b. No Determination Cases

      (1) Failure to Respond/Whereabouts Unknown. If the applicant has not responded to telephone/mail correspondence, or if DED is unable to locate him/her, DED will not make a disability decision. If a more current address is known to the county, it should be provided to DED. If not, the applicant is to be denied or discontinued if disability is the only basis for eligibility.

      (2) Withdrawal of Application. If the applicant requests withdrawal of application for Medi-Cal, DED will not make a disability decision.

D. MC 223 (9/85) -- Applicant's Supplemental Statement of Facts for Medi-Cal

The MC 223 is:

1. Designed for completion by the applicant not the EW; however, the EW should assist the applicant/beneficiary as needed.

2. Available in English and Spanish.

3. The MC 223 is used as a tool by DED and therefore should be as complete as possible. If necessary, further information about the applicant's medical/vocational history will be obtained during DED's evaluation. However, because this requires DED to contact the applicant, case delays may result. Therefore, please stress to the applicant the importance of complete information.

4. The following items on the MC 223 are essential in the disability evaluation process and should be brought to the attention of the applicant:

   Part I:

   a. Item 3 -- Complete date of birth, including year.

   b. Item 4 -- Current height and weight.

   c. Item 5 -- Applicant is to indicate the nature of his/her impairment(s) and should indicate any condition which impairs his/her ability to function regardless of whether medical treatment is desired or has been received for that condition. Additional pages may be attached. NOTE: Allegation of AIDS requires the completion of one MC 220A for each provider who has treated the applicant.

   d. Item 7 -- Applicant is to discuss all impairments and restrictions in ability to function regardless of whether the applicant views the restriction as minor. The combined effect of all impairments may render the applicant disabled. Example: An applicant completes the disability packet stating that the basis for disability is a back impairment. The applicant also wears glasses. DED evaluates the applicant and determines that the applicant's back impairment limits him/her to sedentary work which, considering age, education, and past work skills, results in a finding that the claimant is not

disabled. If DED has not been informed that the applicant wears glasses, the evaluation stops there and disability is denied. However, if DED has been informed of the visual impairment, they will also consider the effect of that impairment on the applicant's ability to work. Many persons who wear glasses have visual impairments which, when corrected (glasses), still do not have 20/20 vision. Therefore, an applicant restricted to sedentary work due to back problems who has a corrected visual acuity of 20/80, for instance, in each eye will also probably be unable to perform sedentary work because he/she cannot be expected to perform work requiring a lot of reading and writing. Therefore, the applicant would probably be found to be disabled based on the additional visual impairment.

e. Item 8 -- Enter complete name(s) and address(es) of all doctor(s), clinic(s), and/or hospital(s). Include ZIP codes when possible.

Item 8A -- Enter all testing performed, even if applicant does not know purpose of test or name. If purpose or name of test is unknown, enter "unknown test" in other and give name of testing facility and date.

f. Item 9 -- It is very important that applicants complete this area. Other agencies may have relevant medical evidence gathered or have ordered a consultative examination. This evidence may help establish duration and/or the extent of the impairments. NOTE: With the exception of Social Security, disability determinations by other agencies than DED do not establish disability for Medi-Cal, as different criteria are used. However, medical evidence from any source is considered and reviewed by DED.

g. Item 10 -- Applicant is to indicate highest grade completed or year GED test passed. If the applicant is unable to read or write despite the educational level stated, the notation "functional illiterate" should be entered next to the grade level. If the individual's education was in special education classes due to a mental impairment, note "special education" next to grade level.

h. Item 11 -- Applicant is to indicate language(s) in which he/she can converse and, if available, the name and phone number of a friend or relative available to translate, if needed. If no translator is available, "none" should be entered in that area.

i. Item 12 -- This information is extremely important in determining the extent of the impairment and its effects on the applicant's ability to function, particularly in cases involving mental or emotional disorders. If incomplete, DED may be unable to determine the extent of the applicant's restrictions which could result in ineligibility.

j. Item 13 -- Applicant is to indicate whether he/she has been employed within the last 15 years. If so, Part II of the form must be completed.

Part II:

Item 4 -- Applicants should enter a job description as well as job title. The job he or she performed may differ from the job described by that title in the Dictionary of Occupational Titles used by DED. If no description is provided, the applicant's case could be erroneously denied due to comparing the applicant's ability to function to an inappropriate past work standard. The description should include the frequency and weight of any lifting involved; hours spent standing, sitting, and walking; and other exertional requirements. In addition, if alterations were made to the applicant's job functions to accommodate his/her impairments (such as special equipment or changes in duties, etc.), these accommodations should be noted and described. If such accommodation was made, then the applicant may not have performed his/her job as it exists in the national economy and DED must evaluate disability accordingly.

E. Proof of application may be required in some counties with the disability evaluation request in the form of a copy of the signed and dated CA 1. If required, packets submitted without this form will be rejected.

VI. COUNTY STEPS DURING AND AFTER COMPLETION OF THE DISABILITY EVALUATION

A. Upon receipt of the completed disability determination results (MC 221, completed and returned by DED):

1. If DED has determined that the applicant/beneficiary is disabled, approve the application as otherwise eligible or reclassify the case as disabled MN.

   The approval of eligibility or reclassification as a disabled MN person shall be effective with the disability onset date or application date as appropriate.

2. If DED has determined that the applicant/beneficiary is not disabled, take the appropriate denial/discontinuance action on the application or continuing case.

B. Notification to DED of Changes While DED Referral Is Pending

The county shall notify DED immediately in writing (via an MC 221) of the following changes if DED is in the process of making a disability determination:

1. Change in applicant's/beneficiary's address.

2. Change of applicant's/beneficiary's name or message telephone number.

3. Denial or discontinuance of the applicant/beneficiary on the basis of nonmedical information, i.e., excess property, etc.

4. Withdrawal of the application.

5. Cancellation of the Authorization for Release of Information (MC 220, MC 220A) by the applicant/beneficiary.

The county must indicate on the MC 221 that this subsequent MC 221 is to notify DED of a change in the status of a pending referral.

C. DED Addresses

1. Disability evaluation packets from the following counties:

Imperial	Riverside
Los Angeles	San Bernardino
Orange	San Diego

should be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P. O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 857-5483

2. Disability evaluation packets from all other counties should be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P. O. Box 23645
Oakland, CA 94623
(415) 464-3706

VII. QUESTIONS, INQUIRIES, PROBLEMS

A. Disability Referral Policy and Procedures

Counties should direct questions on these subjects to the Department of Health Services through their county Medi-Cal liaison or disability coordinator.

B. Case Specific Information

When DED fails to complete a disability evaluation within a reasonable time frame, designated county staff should contact DED to ascertain case status in the following manner:

1. Where disability evaluations are not received from DED within 70 days, the county must first submit to the DED office handling that county's evaluations a list of all such cases by applicant/beneficiary name and Social Security number with a request for status information.

   A copy of the request should be sent to:

   Operational Support Analyst
   Disability Evaluation Division
   State Programs Bureau
   1414 K Street, Room 201
   Sacramento, CA 95814

2. If no response is received from DED within 15 days, the county should notify the operational support analyst who will follow up on the request.

Where disability evaluations are consistently not completed in a reasonable time, the Medi-Cal Eligibility Branch, Department of Health Services, should be notified by designated county staff through appropriate channels.